

HYUNDAI TRANSYS POWERTRAIN	EMPLOYMENT APPLICATION	PTA-HR-F-0013
Revision Date: 01.01.2021	Owner: HR	Revision Level: 03

Applicant Last Name: _____

Applicant First Name: _____

Job Title Applied for: _____

Date of Application: _____

****For HR use only**

DATE	CONTACT TYPE	INITIALS

Hyundai, Transys Georgia Powertrain, Inc. (herein referred to as the “Company” or “HTGP”) is an equal opportunity employer.

It is the Company’s policy to comply with all applicable laws, and to act fairly, impartially, and ethically in the hiring process. As an employer, the Company will not discriminate against any Team Member or job applicant on the basis of sex, race, color, national origin, age, disability, religion, marital or veteran status, or membership in any other legally protected class. Please be accurate in filling out this application. HTGP verifies work history, compensation and educational information. Incomplete applications will not be considered.

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PERSONAL INFORMATION

Last Name	First Name	Middle Name	Other Names used	
Present Address Street and Number			City	State Zip Code
Previous Address (If at present address less than 10 years)			City	State Zip Code
Home Phone Number with Area Code		Alternate Phone Number with Area Code		Social Security Number

- ▶ Are you 18 years of age or older? Yes No
- ▶ If hired, can you provide proof that you are legally authorized to work in the U.S.? Yes No
- ▶ Do you have reliable transportation that can get you to work on time, every day? Yes No
- ▶ Referral Source: Advertisement _____ Team Member Referral _____ other (specify) _____
- ▶ Have you applied for employment with HTGP or Powertech? No Yes, Date: _____ Position: _____
- ▶ Have you ever worked for HTGP, Powertech or its affiliates, either directly or indirectly (e.g. temporary/contract)? Yes No

Give names and relationships of any of your relatives who are working for, or applying for work with HTGP. (Information used for proper placement)

Name	Relation	Department
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POSITION INFORMATION

Type of Employment Desired: Office Plant Specific Position _____
 Part Time Full Time

In many HTGP positions, a flexible work schedule is required in meeting the needs of our business, and inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform the following schedules:

1. Are you available to work all shifts (1st, 2nd, & 3rd)? Yes No
 2. Are you available to work overtime? Yes No
 3. Are you available to work Monday through Friday and weekends? Yes No
 4. Occasional or extended business travel, both in the U.S. and/or foreign countries? Yes No
- ▶ Min. Base Salary Desired: _____ per _____
- ▶ How many years have you worked full time in the field in which you are applying? _____ years
- ▶ Do you have any experience in the Automotive (OEM)/Supplier industry? Yes No If Yes, # of years _____

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EDUCATION AND EXPERIENCE

Circle Highest Grade Completed	School Name City and State	Major/Minor Field of Study	Graduated	Type of Diploma, Degree, or Certificate	GPA
High School 9 10 11 12			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College 1 2 3 4			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Apprentice, Business, or Vocational School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Training or Skills (Special Courses, Military training, GED, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Technical/Vocational Licenses or Certificate Certification (i.e. SPHR, CEBS, etc.)	Expiration Date	Issuer	I.D. Number

► What Computer programs/Software packages are you proficient in? _____

EMPLOYMENT HISTORY

- Are you currently employed? Yes No
- Are you currently on a lay-off where you are eligible for recall? Yes No
- Have you ever been terminated or asked to resign? Yes No If yes, please explain in Employment History Section/Reason for leaving.

► List all jobs and activities including full-time, part-time, and self-employment history. Begin with most recent. If your number of previous employment listings is more than FIVE, please add supplemental pages as needed. Do not reference a résumé. Complete all blanks.

From mm / yyyy	To mm / yyyy	Employer	Address	City	State
Base Rate of Pay*		Employer industry (what product does company make?)	Phone Number with Area Code		
Start	Final	Your Title	Name and Title of Supervisor		
Other Compensation		Job Duties			
		Job Duties Continued			

Reason for Leaving

Have you ever received an unsatisfactory performance evaluation, or discipline for any reason? Yes No

If yes, provide details _____ May we contact this employer? Yes No

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From mm / yyyy	To mm / yyyy
Base Rate of Pay*	
Start	Final
Other Compensation	

Employer	Address	City	State
Employer industry (what product does company make?)		Phone Number with Area Code	
Your Title		Name and Title of Supervisor	
Job Duties			
Job Duties Continued			

Reason for Leaving

Have you ever received an unsatisfactory performance evaluation, or discipline for any reason? Yes No

If yes, provide details

May we contact this employer? Yes No

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PROFESSIONAL REFERENCES

Please list former Supervisors and/or associates who are acquainted with your professional qualifications and who may be contacted for references.

Name	Organization	Title	Phone and Email	Professional Relationship

CERTIFICATION

I hereby certify that the entries on this form and any other statements made by me to HTGP in connection with my application for employment are true and correct in all respects. I understand that any omissions or misstatements are grounds for non-selection, or termination if discovered after I am hired.

I understand that if an offer of employment is made, it is contingent upon my submitting documentation of my legal right to work in the United States.

I agree to submit to a post-offer, pre-employment drug screen, and to periodic drug (including alcohol) screenings as permitted by law. I agree to execute any release or waiver, including, if necessary, a waiver of rights conferred by the American Health Insurance Portability and Accountability Act of 1996 (HIPAA), that is required to authorize a health care provider or medical review officer to release to the Company the results of any such physical exam/drug screen. I also authorize HTGP to request from my present and former employers, and any other source, any information which HTGP may lawfully seek in considering my application for employment, and I hereby release HTGP and such other employers or sources, from any liability whatsoever for requesting and/or providing such information. I also authorize the Company to provide truthful information concerning any employment with Company to future employers and I agree to hold it harmless for providing such information.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I agree to conform to the rules and policies of HTGP. I understand that my employment will be as an at-will employee at all time. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

I certify that I have received a separate written notification that the Company may obtain a "consumer report" (for example, criminal history, driving records, etc.) on me for use in connection with my application and, if I am hired, my employment. I authorize the Company to obtain this report.

This application will be considered "active" for a maximum of 12 months. If I wish to be considered for employment after that time, I must reapply.

I have read and understand the information above.

I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL IF ANYTHING IN THIS APPLICATION IS FOUND TO BE FALSE OR MISREPRESENTED.

▶ _____
Print Your Name

▶ _____
Your Signature

▶ _____
Date (MM/DD/YYYY)